PATE	Reduction Act of 1995, no per NT APPLICATION F Substitute 1	EE DETERMIN	ATION D	and Tradement O of Information un	fice; U.S.	Ough 1/31/200 DEPARTMEN	TOF COM
	Submitute	or Farm PTO-875	Ellective Decemb	D	Appl	alian or Dock	Control o
API	PLICATION AD CH		· · · · · · · · · · · · · · · · · · ·	6 0. 2004	IIe	161803	37
	PLICATION AS FILED -				1		4
7 7 7 7 23		- (Column 2)	SMA	LL ENTITY	OR	OTHER THAN	
BASIC FEE	MUMBERFLED	MUNBER EXTR			ר	SMAL	LENTITY
(7) CFR 1 18(4) (M @ 161)	NA	. NA			J	RATE (\$)	
SEARCH FEE DI CFR I IGN H. WIMI	. N/A		N/A	150.00		NIA	300.0
EXAMINATIONIES		N/A	. ·   · NA .	\$250	1 · 1		
TOTAL CLAUS	· N/A	N/A	· NA	-		NIA	\$500
D7.07R 1 18(d)			<del></del>	\$100		· NA	\$200
INDEPENDENT CLARGE	minus 20 •	·	X\$ 25 .		OR	X\$50	1-000
DI CER I TEIN)	mous 3 •		X100	1	· · ·		
APPLICATION SIZE	ti the specification and dishects of paper, the age	rawings exceed 10	<del></del>	<del> </del>	· L	X200 .	-
FEE . 37 CFR 1 15(6))	5 \$260 (\$125 for among	ication age tel ont	:     .	1. 1			
	additional 50 sheets or fr	action thereof. Sea	. 4 1	l l	•		
LATIPLE DECEMBER	THE PARTY OF THE P	1 37 CED 4 4 84.1			.  -		
C OF PENDENT C	AIM PRESENT D7 CFR I 16	m .	+180=		F		
If the difference in column 1 is less than zero, enter "O" in					L	+360=	
A COLUMN 2.			TOTAL			7074	
APPUCATI	ON AS AMENDED - P.	ART II	17-13			FOTAL	
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.   au	Was I desire	mn 2) (Column 3):	SMALLE	Mily	OR .	OTHER	HAN .
	UNING HIGH	ER PRESENT			_	SMALL EL	TITY'
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Total aren leans of circumstances	Minus 20	-		FEE (S)			TIONAL
independent	Minus == 2		X\$ 25 .	/o	XS	50	FEE (D)
Application Size Fee (37	CER 1 18(a))		X100 .		· 1		/-
				~~~// or	·		<u> </u>
THE STATION OF I	AULTIPLE DEPENDENT CLAIM	G7 CFR 1.16@)	+180=	<del>/</del> /	-		
· · · · .	•		TOTAL	OR		60=  .	:/:-
(Cotumn		·	ADOLFEE	/   OR	TOTA	L FEE .	1
CLAIM	Column	2) (Column 1)		7		cree .	-
3 1 04 REMAIN		POECELIT			<del></del>		
AMENON	ENT PREVIOUS	LY EXTRA		OKAL .	. RAT	E (3)	VDOL.
DIOLE TENDO	Minus	7 - 1	F	EE (D)		1	ONAL
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ppicalion Size Fee (37 CF	3		X10.0 _				
RST PRESTURA	N 1.10(6))			OR :	X200	•	
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the entry in only			ADDL FEE	OR	TOTAL		
the Highest Number Previo	than the entry in column 2, w usly Paid For IN THIS SPACE THY Paid For IN THIS SPACE	rita "O" in column 3.		——————————————————————————————————————	ADOILF	EE	
Afighant Attended Provious	PELY PAID FOR IN THUS SPACE	on mas than 20, onto	20.	7	. •	•	
dies at least 1 10 VICTOR	PY-PRI FOR (Total or Indiana	to the state of milliant	<b>F</b> .	· ·	.•		1
process) en application. Co	red by 37 CFR 1.16. The life infidentiality is potented by 35 cmilling the completed applications in the form and/or suggest of Company and Company	Amation is required to	obtain or retain a be	period by the	umn 1.		.
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SEND TO: Campilland	emplote this form and/or suggest of Commerce, P.O. Box 145 oner for Patents, P.O. Box	O Alexander tes con	a puttien, should be se	nt to the chiefe-	Constitution (	450. My cons	nente

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.